

Division of Corporations

PLEASE HONOR ORIGINAL DATE 12-05-18

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
Service Partners, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Service Partners, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Jeffery Proctor, Director, Tax

Name of Person

Service Partners, LLC

Firm/Company

260 Jimmy Ann Drive

Address

Daytona Beach, Florida 32114

City/State and Zip Code

TaxDepartment@TopBuild.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffery Proctor, Director, Tax

Name of Contact Person

at (386)

Area Code

304-2200

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations

Registration Section

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Service Partners, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Service Partners Supply, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Virginia

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 54-1903720

(PEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1029 Technology Park Drive, Glen Allen, VA 23059

(Street Address of Principal Office)

6. 260 Jimmy Ann Drive, Daytona Beach, FL 32114

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Madonna Cuddihy

(Registered agent's signature)

Madonna Cuddihy

Special Assistant Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Robert M. Buck, Manager

Michelle A. Friel, Manager

John S. Peterson, Manager

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

John S. Peterson
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

John S. Peterson

(Typed or printed name or signature)

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 16 DEC 13 AM 9:50
 DIVISION OF CLERK OF SUPREME COURT

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That SERVICE PARTNERS, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is June 30, 1998; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:
November 23, 2016*

Joel H. Peck
Joel H. Peck, Clerk of the Commission

850-617-6381

12/6/2016 1:24:11 PM PAGE 1/001 Fax Server

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December 6, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: SERVICE PARTNERS, LLC
REF: W16000081458

PLEASE HONOR ORIGINAL DATE 12-05-16

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as or not distinguishable from the name of a voluntarily dissolved business entity. This name is not available for the assumption or use by another entity for 120 days after the effective date of the dissolution. The dissolved business entity may provide the Department of State with an affidavit or letter, releasing the name for use to you and affirming they have no intention of revoking the dissolution or you may adopt an alternate name for use in Florida. If you choose to adopt an alternate name, please enter that name in the space provided in number one of the application.

If you have any further questions concerning your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II
Registration Section

FAX Aud. #: H16000296997
Letter Number: 616A00025858

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